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Fax No. 513-634-5049

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Application No.: 10/665,949

Inventor(s): Uwe Schneider et al.

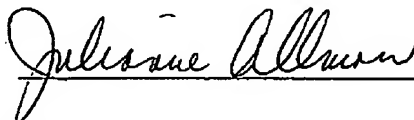
Filed: September 18, 2003

Docket No.: 9365Q

Confirmation No.: 6525

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- 2) Fee Transmittal Form – 1 Page
- 3) Submission of Response with Filing of RCE – 11 Pages
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FEE TRANSMITTAL for FY 2008 Patent fees are subject to annual revision. Effective September 30, 2007	Complete if Known		
	Application Number	10/665,949	
	Confirmation Number	6525	
	Filing Date	September 18, 2003	
	First Named Inventor	Uwe Schneider	
	Examiner Name	Barbara J. Musser	
Art Unit	1733	RECEIVED CENTRAL FAX CENTER OCT 31 2007	
TOTAL AMOUNT OF PAYMENT (\$) 210	Docket No.		9365Q

METHOD OF PAYMENT 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to: Deposit Account Number: 16-2480 Deposit Account Name: The Procter & Gamble Company	FEE CALCULATION (continued) 5. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1st month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2nd month</td> <td>(\$460) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3rd month</td> <td>(\$1,050) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4th month</td> <td>(\$1,640) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5th month</td> <td>(\$2,230) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$510) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,030) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,410) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Fee Description	Fee Paid	Extension for reply within 1 st month	(\$120) <input type="checkbox"/>	Extension for reply within 2 nd month	(\$460) <input type="checkbox"/>	Extension for reply within 3 rd month	(\$1,050) <input type="checkbox"/>	Extension for reply within 4 th month	(\$1,640) <input type="checkbox"/>	Extension for reply within 5 th month	(\$2,230) <input type="checkbox"/>	Information Disclosure Statement fee	(\$180) <input type="checkbox"/>	37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)	(\$130) <input type="checkbox"/>	37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet	(\$50) <input type="checkbox"/>	Non-English specification	(\$130) <input type="checkbox"/>	Notice of Appeal	(\$510) <input type="checkbox"/>	Filing a brief in support of an appeal	(\$510) <input type="checkbox"/>	Request for oral hearing	(\$1,030) <input type="checkbox"/>	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	(\$1,410) <input type="checkbox"/>	Other:	<input type="checkbox"/>					
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3. APPLICATION SIZE FEE: Sheets of Spec and Drawings <input type="checkbox"/> (\$260 for each 50 sheets in excess of 100, except for sequence and program listings) SUBTOTAL (2)+(3) (\$) 0																																				
4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE: <table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>{16} - 21** = {0} x</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Independent Claims</td> <td>{4} - 3** = {1} x</td> <td>[210]</td> <td>= [210]</td> </tr> <tr> <td>Multiple Dependent claims:</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <p>Fee Description Claims in excess of 20 (\$50 per claim) Independent claims in excess of 3 (\$210 per claim) Multiple dependent claim, if not paid (\$370) **Reissue: each independent claim over 3 and more than in the original patent (\$210 per claim) **Reissue claims: each claim over 20 and more than original patent (\$50 per claim)</p> <p>SUBTOTAL (4) (\$)[210]</p>		Extra Claims	Fee from Below	Fee Paid	Total Claims	{16} - 21** = {0} x	<input type="checkbox"/>	<input type="checkbox"/>	Independent Claims	{4} - 3** = {1} x	[210]	= [210]	Multiple Dependent claims:		<input type="checkbox"/>	<input type="checkbox"/>																				
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SUBMITTED BY Name (Print/Type) Charles R. Ware Signature <i>Charles R. Ware</i>		Registration No. 54,881 (Attorney/Agent)	Complete (if applicable) Telephone (513) 634-5042 Date October 31, 2007	
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